

IAP6 Rec'd PCT/PTO 01 SEP 2006

FORM PTO-1390 (Modified)  
U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE  
(REV 12-2004)

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|--|---|--|
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>  |   | ATTORNEY'S DOCKET NUMBER<br><b>107591430</b><br>039262-0160      |
| INTERNATIONAL APPLICATION NO.<br>PCT/JP2005/002153   | INTERNATIONAL FILING DATE<br>02/14/2005 | U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5)<br>Unassigned |
| TITLE OF INVENTION<br>VACUUM PUMP  |   | PRIORITY DATE CLAIMED<br>03/02/2004                              |
| APPLICANT(S) FOR DO/EO/US<br>Tadahiro OHMI   |   |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  |   |  |
| <p>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</p> <p>3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input checked="" type="checkbox"/> The US has been elected (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))<br/><input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).<br/><input checked="" type="checkbox"/> has been communicated by the International Bureau.<br/><input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US)</p> <p>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).<br/><input checked="" type="checkbox"/> is attached hereto.<br/><input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))<br/><input type="checkbox"/> are attached hereto (required only if not transmitted by the International Bureau).<br/><input type="checkbox"/> have been communicated by the International Bureau.<br/><input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.<br/><input checked="" type="checkbox"/> have not been made and will not be made.</p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</p> <p>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</p> |   |  |
| <b>Items 11 to 20 below concern other document(s) or information included:</b>   |   |  |
| <p>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input checked="" type="checkbox"/> A preliminary amendment.</p> <p>14. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 – 1.825</p> <p>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> <p>20. <input checked="" type="checkbox"/> Other items or information: Copy of International Search Report</p>  |   |  |

FORM PTO-1390 (Modified)

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IAP5 Rec'd PCT/PTO 01 SEP 2006

|   |  |   |                                      |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
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| U.S. APPLICATION NO. (if known, see 37 CFR 1.12)  |  | INTERNATIONAL APPLICATION NO.   | ATTORNEY'S DOCKET NUMBER             |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| Unassigned  |  | 107591430   | 039262-0160                          |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| <p>The following fees have been submitted:</p> <table border="1"> <tr> <td>21. <input checked="" type="checkbox"/> Basic national fee</td> <td>\$300</td> <td>\$ 300.00</td> </tr> <tr> <td>22. <input checked="" type="checkbox"/> Examination fee<br/>If International preliminary examination report prepared by USPTO and all claims satisfy provisions of PCT Article 33(1)-(4)</td> <td>\$100</td> <td>\$ 200.00</td> </tr> <tr> <td>All other situations</td> <td>\$200</td> <td></td> </tr> <tr> <td>23. <input checked="" type="checkbox"/> Search fee<br/>Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority</td> <td>\$100</td> <td></td> </tr> <tr> <td>International Search Report prepared and provided to the Office</td> <td>\$400</td> <td></td> </tr> <tr> <td>All other situations</td> <td>\$500</td> <td>\$ 400.00</td> </tr> <tr> <td colspan="2"><b>TOTAL OF ABOVE 21, 22 and 23 =</b></td> <td>\$ 900.00</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$ for each additional 50 sheets of paper or fraction thereof.         </td> </tr> <tr> <td>Total Sheets</td> <td>Extra sheets</td> <td>Number of each additional 50 or fraction thereof (round up to a whole number)</td> <td colspan="2">RATE</td> </tr> <tr> <td>20 - 100 = 0</td> <td>/50 =</td> <td>0</td> <td>x \$250.00</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="5">Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e))</td> </tr> <tr> <td>CLAIMS</td> <td>NUMBER FILED</td> <td>NUMBER EXTRA</td> <td colspan="2">RATE</td> </tr> <tr> <td>Total Claims</td> <td>22 - 20 = 2</td> <td></td> <td>x \$ 50.00</td> <td>\$ 100.00</td> </tr> <tr> <td>Independent Claims</td> <td>1 - 3 = 0</td> <td></td> <td>x \$ 200.00</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>+ \$ 360.00</td> <td>\$ 360.00</td> </tr> <tr> <td colspan="3"></td> <td><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td>\$ 1360.00</td> </tr> <tr> <td colspan="3"> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by ½.         </td> <td>+ \$ 680.00</td> <td></td> </tr> <tr> <td colspan="3"></td> <td><b>SUBTOTAL =</b></td> <td>\$ 680.00</td> </tr> <tr> <td colspan="3">Processing fee of 130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(i)).</td> <td></td> <td>\$</td> </tr> <tr> <td colspan="3"></td> <td><b>TOTAL NATIONAL FEE =</b></td> <td>\$ 680.00</td> </tr> <tr> <td colspan="3">Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). 40.00 per property</td> <td></td> <td>\$ 40.00</td> </tr> <tr> <td colspan="3"></td> <td><b>TOTAL FEES ENCLOSED =</b></td> <td>\$ 720.00</td> </tr> <tr> <td colspan="3"></td> <td><b>Amount to be refunded:</b></td> <td></td> </tr> <tr> <td colspan="3"></td> <td><b>charged:</b></td> <td></td> </tr> <tr> <td>a. <input type="checkbox"/></td> <td colspan="4">A check in the amount of \$720.00 to cover the above fees is enclosed.</td> </tr> <tr> <td>b. <input type="checkbox"/></td> <td colspan="4">Please charge my Deposit Account No. <u>19-0741</u> in the amount of \$720.00 to cover the above fees. A duplicate copy of this sheet is enclosed.</td> </tr> <tr> <td>c. <input checked="" type="checkbox"/></td> <td colspan="4">The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>19-0741</u>. A duplicate copy of this sheet is enclosed.</td> </tr> <tr> <td>d. <input checked="" type="checkbox"/></td> <td colspan="4">Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</td> </tr> <tr> <td colspan="5">NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.</td> </tr> <tr> <td colspan="5">SEND ALL CORRESPONDENCE TO:</td> </tr> <tr> <td colspan="5">         Foley &amp; Lardner LLP<br/>         Customer Number: 22428       </td> </tr> <tr> <td colspan="5">         for <u>Philip J. Articola</u><br/>         SIGNATURE <u>Philip J. Articola</u><br/>         David A. Blumenthal       </td> </tr> <tr> <td colspan="5">         NAME <u>Philip J. Articola</u><br/> <u>26,257</u> Reg. No. <u>38,819</u> </td> </tr> <tr> <td colspan="5">REGISTRATION NUMBER</td> </tr> </table> |  |   |                                      |            | 21. <input checked="" type="checkbox"/> Basic national fee | \$300 | \$ 300.00 | 22. <input checked="" type="checkbox"/> Examination fee<br>If International preliminary examination report prepared by USPTO and all claims satisfy provisions of PCT Article 33(1)-(4) | \$100 | \$ 200.00 | All other situations | \$200 |  | 23. <input checked="" type="checkbox"/> Search fee<br>Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority | \$100 |  | International Search Report prepared and provided to the Office | \$400 |  | All other situations | \$500 | \$ 400.00 | <b>TOTAL OF ABOVE 21, 22 and 23 =</b> |  | \$ 900.00 | <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$ for each additional 50 sheets of paper or fraction thereof. |  |  |  |  | Total Sheets | Extra sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE |  | 20 - 100 = 0 | /50 = | 0 | x \$250.00 | \$ 0.00 | Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)) |  |  |  |  | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE |  | Total Claims | 22 - 20 = 2 |  | x \$ 50.00 | \$ 100.00 | Independent Claims | 1 - 3 = 0 |  | x \$ 200.00 | \$ 0.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  | + \$ 360.00 | \$ 360.00 |  |  |  | <b>TOTAL OF ABOVE CALCULATIONS =</b> | \$ 1360.00 | <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 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Blumenthal |  |  |  |  | NAME <u>Philip J. Articola</u><br><u>26,257</u> Reg. No. <u>38,819</u> |  |  |  |  | REGISTRATION NUMBER |  |  |  |  |
| 21. <input checked="" type="checkbox"/> Basic national fee  | \$300  | \$ 300.00   |                                      |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| 22. <input checked="" type="checkbox"/> Examination fee<br>If International preliminary examination report prepared by USPTO and all claims satisfy provisions of PCT Article 33(1)-(4)   | \$100  | \$ 200.00   |                                      |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| All other situations  | \$200  |   |                                      |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| 23. <input checked="" type="checkbox"/> Search fee<br>Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority   | \$100  |   |                                      |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| International Search Report prepared and provided to the Office   | \$400  |   |                                      |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| All other situations  | \$500  | \$ 400.00   |                                      |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| <b>TOTAL OF ABOVE 21, 22 and 23 =</b>   |  | \$ 900.00   |                                      |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$ for each additional 50 sheets of paper or fraction thereof.   |  |   |                                      |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| Total Sheets  | Extra sheets   | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE                                 |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| 20 - 100 = 0  | /50 =  | 0   | x \$250.00                           | \$ 0.00    |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e))   |  |   |                                      |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| CLAIMS  | NUMBER FILED   | NUMBER EXTRA  | RATE                                 |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| Total Claims  | 22 - 20 = 2  |   | x \$ 50.00                           | \$ 100.00  |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| Independent Claims  | 1 - 3 = 0  |   | x \$ 200.00                          | \$ 0.00    |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)   |  |   | + \$ 360.00                          | \$ 360.00  |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
|   |  |   | <b>TOTAL OF ABOVE CALCULATIONS =</b> | \$ 1360.00 |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by ½.   |  |   | + \$ 680.00                          |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
|   |  |   | <b>SUBTOTAL =</b>                    | \$ 680.00  |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| Processing fee of 130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(i)).   |  |   |                                      | \$         |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
|   |  |   | <b>TOTAL NATIONAL FEE =</b>          | \$ 680.00  |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). 40.00 per property  |  |   |                                      | \$ 40.00   |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
|   |  |   | <b>TOTAL FEES ENCLOSED =</b>         | \$ 720.00  |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
|   |  |   | <b>Amount to be refunded:</b>        |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
|   |  |   | <b>charged:</b>                      |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| a. <input type="checkbox"/>   | A check in the amount of \$720.00 to cover the above fees is enclosed.   |   |                                      |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| b. <input type="checkbox"/>   | Please charge my Deposit Account No. <u>19-0741</u> in the amount of \$720.00 to cover the above fees. A duplicate copy of this sheet is enclosed.   |   |                                      |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| c. <input checked="" type="checkbox"/>  | The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>19-0741</u> . A duplicate copy of this sheet is enclosed.                         |   |                                      |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| d. <input checked="" type="checkbox"/>  | Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |   |                                      |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.  |  |   |                                      |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| SEND ALL CORRESPONDENCE TO:   |  |   |                                      |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| Foley & Lardner LLP<br>Customer Number: 22428   |  |   |                                      |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| for <u>Philip J. Articola</u><br>SIGNATURE <u>Philip J. Articola</u><br>David A. Blumenthal   |  |   |                                      |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| NAME <u>Philip J. Articola</u><br><u>26,257</u> Reg. No. <u>38,819</u>  |  |   |                                      |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |
| REGISTRATION NUMBER   |  |   |                                      |            |  |       |           |   |       |           |                      |       |  |   |       |  |   |       |  |                      |       |           |                                       |  |           |   |  |  |  |  |              |              |   |      |  |              |       |   |            |         |   |  |  |  |  |        |              |              |      |  |              |             |  |            |           |                    |           |  |             |         |   |  |  |             |           |  |  |  |                                      |            |   |  |  |             |  |  |  |  |                   |           |   |  |  |  |    |  |  |  |                             |           |  |  |  |  |          |  |  |  |                              |           |  |  |  |                               |  |  |  |  |                 |  |                             |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |

September 1, 2006